



**Water Resources Program**  
**Application for a Water Right Permit**

For Ecology Use  
(Date Stamp)

☐ SURFACE WATER ☒ GROUND WATER ☒ PERMANENT

☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

10 OCT 12 A9:40

DEPT. OF ECOLOGY  
FISCAL & BUDGET

**\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.**

**Section 1. APPLICANT**

Applicant/Business Name: Yakama Nation Fisheries	Phone No: 509-548-9413	Other No:
Address: 7051 Highway 97		
City: Peshastin	State: WA	Zip: 98847
Email Address (optional): Cory@mid-columbia-coho.net		

Contact Name (if different from above): Cory Kamphaus	Phone No: 509-548-9413	Other No:
Relationship to Applicant: Employee		
Address: same as above		
City:	State:	Zip:
Email Address (optional):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: State of Washington, Department of Transportation	Phone No: 509.667.3000	Other No:
Address: P.O. Box 98		
City: Wenatchee	State: WA	Zip: 98807
Email Address (optional):		

**Section 2. STATEMENT OF INTENT**

Briefly describe the purpose of your proposed project: Fish propagation; handling and spawning local broodstock; incubating eggs and rearing salmon juveniles

Anticipated length of time to complete your project: 5 years

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Fish Propagation	1,500		Seasonal
TOTAL:	1,500		

For Ecology Use	APPLICATION NO. <u>G4-33005</u>	SEPA: Exempt/Not Exempt
Fee Paid <u>\$333.00</u>	Check No. _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned <u>10-23-10</u>	By _____	Priority Date <u>10-12-10</u> By _____
WRIA <u>45- Chelan</u>		



**Short Term/Temporary Water Use**Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NOIs this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 3. POINT OF DIVERSION OR WITHDRAWAL**

(Complete A or B, and C below)

<b>A.) If Surface Water Source</b>  <input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: _____ Tributary to: _____ Number of proposed diversion points: _____ Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>B.) If Ground Water Source</b>  <input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ Well diameter & depth: <u>8 x 100</u> Number of proposed points of withdrawal: <u>3</u> Do you have an existing well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If available, attach Water Well Report and pump test. Well Tag ID No. _____																																																								
<b>C.) Point of Diversion/Withdrawal – Legal Description</b>																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>Parcel No.</td><td>1/4</td><td>1/4</td><td>Section</td><td>Township</td><td>Range</td><td>County</td></tr><tr><td>241822745006</td><td></td><td>SW</td><td>22</td><td>24N</td><td>18E</td><td>Chelan</td></tr><tr><td>Lot(s)</td><td colspan="2">Block(s)</td><td colspan="3">Subdivision</td><td></td></tr><tr><td>Lot D</td><td colspan="2">Block 1</td><td colspan="3">Otis Orchards</td><td></td></tr></table> <p>If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ Feet (<input type="checkbox"/> North/<input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/<input type="checkbox"/> West) from the (<input type="checkbox"/>NW <input type="checkbox"/>SW <input type="checkbox"/>NE <input type="checkbox"/>SE <input type="checkbox"/> ) corner of Section _____.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>Parcel No.</td><td>1/4</td><td>1/4</td><td>Section</td><td>Township</td><td>Range</td><td>County</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Lot(s)</td><td colspan="2">Block(s)</td><td colspan="3">Subdivision</td><td></td></tr><tr><td></td><td colspan="2"></td><td colspan="3"></td><td></td></tr></table> <p>If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ feet (<input type="checkbox"/> North/<input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/<input type="checkbox"/> West) from the (<input type="checkbox"/>NW <input type="checkbox"/>SW <input type="checkbox"/>NE <input type="checkbox"/>SE <input type="checkbox"/> ) corner of Section _____.</p>		Parcel No.	1/4	1/4	Section	Township	Range	County	241822745006		SW	22	24N	18E	Chelan	Lot(s)	Block(s)		Subdivision				Lot D	Block 1		Otis Orchards				Parcel No.	1/4	1/4	Section	Township	Range	County								Lot(s)	Block(s)		Subdivision										
Parcel No.	1/4	1/4	Section	Township	Range	County																																																			
241822745006		SW	22	24N	18E	Chelan																																																			
Lot(s)	Block(s)		Subdivision																																																						
Lot D	Block 1		Otis Orchards																																																						
Parcel No.	1/4	1/4	Section	Township	Range	County																																																			
Lot(s)	Block(s)		Subdivision																																																						

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES ☒ NOIf no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NOProvide the owner name(s), address, and phone number: State of Washington PO Box 98, Wenatchee, WA 98807

Ph: ???

**Section 4. PLACE OF USE****Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.**

THAT PORTION OF LOTS 1, 2, AND 4 PLAT OF OTIS ORCHARDS ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGE 35 CHENAL COUNTY, WASHINGTON AND THAT PORTION OF LOT 1, PLAT OF FIRST ADDITION TO OTIS ORCHARDS ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGE 77, CHELAN COUNTY, WASHINGTON.

1/4	1/4	Section	Twp.	Range	County	Parcel No.													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td rowspan="2" style="width: 15%; text-align: center; vertical-align: middle;">For Ecology Use</td><td style="width: 50%;">APPLICATION NO. _____</td><td style="width: 35%; text-align: right;">SEPA: Exempt/Not Exempt</td></tr><tr><td>Fee Paid _____</td><td>Check No. _____</td><td style="text-align: right;">ECY Coding: 001-001-WR1-0285-000011</td></tr><tr><td colspan="3">Date Returned _____</td><td colspan="2">By _____</td><td>Priority Date _____</td><td>By _____</td></tr></table>							For Ecology Use	APPLICATION NO. _____	SEPA: Exempt/Not Exempt	Fee Paid _____	Check No. _____	ECY Coding: 001-001-WR1-0285-000011	Date Returned _____			By _____		Priority Date _____	By _____
For Ecology Use	APPLICATION NO. _____	SEPA: Exempt/Not Exempt																	
	Fee Paid _____	Check No. _____	ECY Coding: 001-001-WR1-0285-000011																
Date Returned _____			By _____		Priority Date _____	By _____													



	SW	22	24N	18E	Chelan	241822745006
--	----	----	-----	-----	--------	--------------

Do you own all the lands on which the proposed place of use is located? ☐ YES ☒ NO.

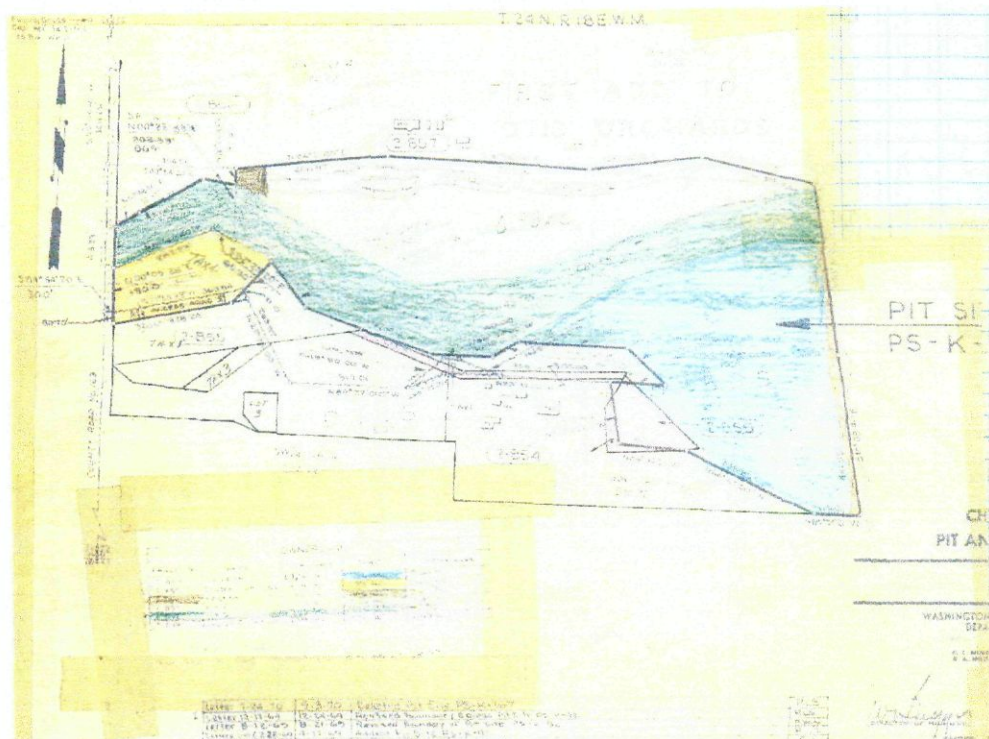
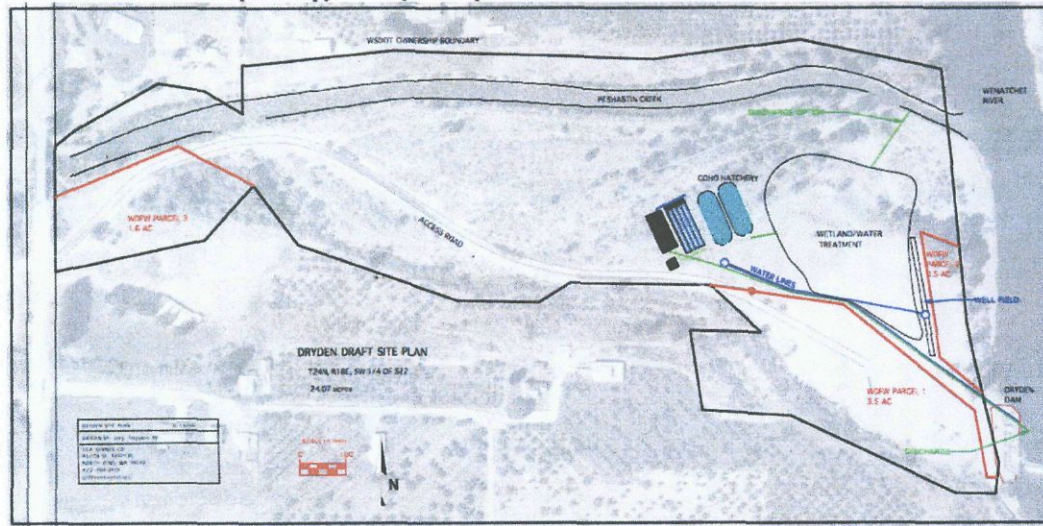
If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide owner name(s), address, and phone number: TED HILL, State of Washington PO Box 98, Wenatchee, WA 98807 Ph: 509.667.3000. Ted Hill <HillTR@wsdot.wa.gov>

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers: \_\_\_\_\_

**Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.**





## Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Proposed water system will include shallow groundwater wells equipped with pumps and pipelines sized to provide up to 1,500 gpm to a hatchery building, incubators, rearing troughs, offices and a small shop. There will be approximately 700 feet of buried pipeline.

## Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: <u>2</u>	Present population to be served water: _____
Type of connections: <u>office and shop</u> (e.g., home, recreational cabin)	Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	
_____	
_____	
_____	

## Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

### Irrigation

Total number of acres requested to be irrigated under this application = \_\_\_\_\_ ACRES

NOTE: Outline the area to be irrigated on your attached map.

### Stockwater

List number and kind of stock: \_\_\_\_\_

Is the proposed project for a dairy farm? ☐ YES ☐ NO

### Other Proposed Farm Uses

Describe all proposed uses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Farm Water Act (RCW 90.66):**

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977.
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: \_\_\_\_\_

**Section 8. OTHER WATER USES**

**Hydropower**

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_

\_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

**Mining/Industrial Use**

Describe use, method of supplying and utilizing water: \_\_\_\_\_

\_\_\_\_\_

**Other Use**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_

\_\_\_\_\_

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*

**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site: From SR 2, take SR 97 exit. Head east on Jeske Road, right on Saunders Road and after crossing Peshastin Creek, take left on gravel access road to Wenatchee River at Dryden Dam

\_\_\_\_\_

\_\_\_\_\_

Site Address: Saunders Road, Dryden, Washington 98821

\_\_\_\_\_



## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Cory Kamphaus  
Print Name  
(Applicant or authorized representative)

Signature

Date

Ted Hill  
Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

<p><b>*Submit your application to:</b></p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input checked="" type="checkbox"/> <b>Central Regional Office</b> 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> <b>Eastern Regional Office</b> 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> <b>Northwest Regional Office</b> 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> <b>Southwest Regional Office</b> PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



## INSTRUCTIONS for the Application for a Water Right Permit

Please read these instructions carefully. Be accurate and complete in filling out your application, as the information you provide is very important in processing your application. Be sure to attach your fees, maps, and any additional information related to the water uses you are proposing.

If you need assistance, please contact the regional office in which your project will be located. A map of the Ecology regions is on the back page of the application. If your answers to any questions are longer than the space provided, you may attach additional sheets as necessary.

### Check Boxes

ECY 040-1-14 (Rev. 1-6-10) If you need this document in an alternate format, please call the Water Resources Program at 509-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.